
State: Arkansas **Filing Company:** Madison National Life Insurance Company, Inc.
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO
Product Name: MNL MMP 0205 12/1/12 rate filing
Project Name/Number: MNL MMP 0205 12/1/12 rate filing/MNL MMP 0205 12/1/12 rate filing

Filing at a Glance

Company: Madison National Life Insurance Company, Inc.
Product Name: MNL MMP 0205 12/1/12 rate filing
State: Arkansas
TOI: H16G Group Health - Major Medical
Sub-TOI: H16G.003A Small Group Only - PPO
Filing Type: Rate
Date Submitted: 10/08/2012
SERFF Tr Num: ICCI-128718057
SERFF Status: Closed-Approved-Closed
State Tr Num:
State Status: Approved-Closed
Co Tr Num: MNL MMP 0205 12/1/12 RATE FILING

Implementation: On Approval
Date Requested:
Author(s): Brenda Dawson
Reviewer(s): Rosalind Minor (primary)
Disposition Date: 10/15/2012
Disposition Status: Approved-Closed
Implementation Date: 12/01/2012

State Filing Description:

State: Arkansas
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO
Product Name: MNL MMP 0205 12/1/12 rate filing
Project Name/Number: MNL MMP 0205 12/1/12 rate filing/MNL MMP 0205 12/1/12 rate filing

General Information

Project Name: MNL MMP 0205 12/1/12 rate filing
Project Number: MNL MMP 0205 12/1/12 rate filing
Requested Filing Mode: Review & Approval
Explanation for Combination/Other:
Submission Type: New Submission
Group Market Type: Employer, Association
Filing Status Changed: 10/15/2012
State Status Changed: 10/15/2012
Created By: Brenda Dawson
Corresponding Filing Tracking Number:

Status of Filing in Domicile:
Date Approved in Domicile:
Domicile Status Comments:
Market Type: Group
Group Market Size: Small
Overall Rate Impact:
Deemer Date:
Submitted By: Brenda Dawson

PPACA: Non-Grandfathered Immed Mkt Reforms, Grandfathered Immed Mkt Reforms

PPACA Notes: null

Filing Description:

Insurance Compliance Consultants, Inc., is making this filing on behalf of Madison National Life Insurance Company, Inc. A filing authorization letter is attached. All correspondence should be addressed to Insurance Compliance Consultants, Inc.

This is an initial filing to present revised rates for the small employer health insurance products of Madison National Life Insurance Company for Marketing Policy numbers MNL MMP 0205, marketed under Policy Form MNL MMP 0205 and certificate of insurance MNL MMC 0205.

The year-to-year changes being filed at this time include the following:

- 1) 9.9% annual trend
- 2) 20% 2011-12 AR state factor decrease
- 3) New out of pocket options offered under the Imprint product, with an overall +0.2% impact to in force business

Overall year to year rate increase: -11.9%

The proposed effective date will be 12/1/2012.

Company and Contact

Filing Contact Information

Brenda Dawson, Authorized Representative Brendadawson@inscompliance.com
3925 East State Street, Suite 200 815-316-6714 [Phone]
Rockford, IL 61108 815-986-2355 [FAX]

SERFF Tracking #: ICCI-128718057

State Tracking #:

Company Tracking #: MNL MMP 0205 12/1/12 RATE
FILING

State: Arkansas
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO
Product Name: MNL MMP 0205 12/1/12 rate filing
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Filing Company Information

(This filing was made by a third party - insurancecomplianceconsultantsinc)

Madison National Life Insurance
Company, Inc.
P. O. Box 5008
Madison, WI 53705
(800) 356-9601 ext. [Phone]

CoCode: 65781
Group Code:
Group Name:
FEIN Number: 39-0990296

State of Domicile: Wisconsin
Company Type:
State ID Number:

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

Company	Amount	Date Processed	Transaction #
Madison National Life Insurance Company, Inc.	\$50.00	10/08/2012	63536291

State:	Arkansas	Filing Company:	Madison National Life Insurance Company, Inc.
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO		
Product Name:	MNL MMP 0205 12/1/12 rate filing		
Project Name/Number:	MNL MMP 0205 12/1/12 rate filing/MNL MMP 0205 12/1/12 rate filing		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	10/15/2012	10/15/2012

State:	Arkansas	Filing Company:	Madison National Life Insurance Company, Inc.
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO		
Product Name:	MNL MMP 0205 12/1/12 rate filing		
Project Name/Number:	MNL MMP 0205 12/1/12 rate filing/MNL MMP 0205 12/1/12 rate filing		

Disposition

Disposition Date: 10/15/2012
Implementation Date: 12/01/2012
Status: Approved-Closed
HHS Status: HHS Approved
State Review: Reviewed by Actuary
Comment:

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Madison National Life Insurance Company, Inc.	Decrease	-11.900%	-11.900%	\$-25,125	13	\$211,057	-11.900%	-11.900%

Percent Change Approved:

Minimum:	-11.9%	Maximum:	-11.9%	Weighted Average:	-11.9%
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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Rate Summary Worksheet	Approved-Closed	Yes
Supporting Document	Consumer Disclosure Form	Approved-Closed	Yes
Supporting Document	MNL Authorization Letter 2012	Approved-Closed	Yes
Rate	rate sheet	Approved-Closed	Yes

State:	Arkansas	Filing Company:	Madison National Life Insurance Company, Inc.
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO		
Product Name:	MNL MMP 0205 12/1/12 rate filing		
Project Name/Number:	MNL MMP 0205 12/1/12 rate filing/MNL MMP 0205 12/1/12 rate filing		

Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Decrease
Overall Percentage of Last Rate Revision:	%
Effective Date of Last Rate Revision:	
Filing Method of Last Filing:	

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Madison National Life Insurance Company, Inc.	Decrease	-11.900%	-11.900%	\$-25,125	13	\$211,057	-11.900%	-11.900%

Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:		12				11		
Policy Holders:		6				7		

State:	Arkansas	Filing Company:	Madison National Life Insurance Company, Inc.
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO		
Product Name:	MNL MMP 0205 12/1/12 rate filing		
Project Name/Number:	MNL MMP 0205 12/1/12 rate filing/MNL MMP 0205 12/1/12 rate filing		

Rate Review Detail

COMPANY:

Company Name:	Madison National Life Insurance Company, Inc.
HHS Issuer Id:	33030
Product Names:	Group Major Medical Expense Policy
Trend Factors:	0.79

FORMS:

New Policy Forms:	
Affected Forms:	
Other Affected Forms:	MNL MMP 0205

REQUESTED RATE CHANGE INFORMATION:

Change Period:	Annual
Member Months:	372
Benefit Change:	Decrease
Percent Change Requested:	Min: -11.9 Max: -11.9 Avg: -11.9

PRIOR RATE:

Total Earned Premium:	211,057.00
Total Incurred Claims:	55,873.00
Annual \$:	Min: 260.00 Max: 1,143.00 Avg: 568.00

REQUESTED RATE:

Projected Earned Premium:	185,933.00
Projected Incurred Claims:	130,153.00
Annual \$:	Min: 229.00 Max: 1,007.00 Avg: 500.00

State:	Arkansas	Filing Company:	Madison National Life Insurance Company, Inc.
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO		
Product Name:	MNL MMP 0205 12/1/12 rate filing		
Project Name/Number:	MNL MMP 0205 12/1/12 rate filing/MNL MMP 0205 12/1/12 rate filing		

Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action*	Rate Action Information	Attachments
1	Approved-Closed 10/15/2012	rate sheet	MNL MMP 0205	New		AR MNL 2012 Rates.pdf

Insurers Administrative Corporation / Madison National Life
Policy form MNL MMP 0205
Base Medical Rates

BASE MEDICAL RATES (Maternity as a Separate, Add-On Amount)

Arkansas

Age	Employee		Spouse		M or F 1 Child	M or F 2 Child	M or F 3+ Child	Maternity	
	Male	Female	Male	Female				Spouse F	Empl F
<24	136.98	201.25	151.89	197.18	174.61	298.02	460.08	260.37	129.56
25-29	147.66	227.98	161.19	247.99	162.95	278.12	429.36	223.24	147.72
30-34	171.31	275.17	177.54	305.89	156.34	266.85	411.95	136.07	109.02
35-39	204.99	340.37	213.26	334.39	147.65	252.01	389.05	56.35	58.76
40	241.21	366.09	248.96	349.86	147.58	251.89	388.86	40.19	36.81
41	252.89	374.41	267.27	354.88	147.51	251.77	388.68	35.35	29.73
42	266.67	383.24	282.75	362.82	147.74	252.16	389.28	30.21	23.28
43	282.04	391.55	299.76	374.78	148.46	253.39	391.18	25.39	19.05
44	293.89	398.81	316.06	387.86	149.40	255.00	393.66	21.17	16.42
45	305.45	406.07	332.37	400.93	150.33	256.58	396.11	16.95	13.79
46	318.34	413.33	348.67	414.00	151.27	258.19	398.58	12.73	11.17
47	334.44	421.17	369.22	430.33	152.43	260.17	401.64	8.88	8.59
48	357.19	428.77	394.12	449.92	153.81	262.52	405.28	6.38	6.52
49	379.99	433.38	419.14	469.50	155.18	264.86	408.89	4.82	4.93
50	405.05	437.91	444.16	489.08	156.56	267.22	412.52	3.27	3.34
51	430.54	444.62	469.18	508.67	157.93	269.56	416.13	1.71	1.75
52	457.59	454.29	498.10	534.32	159.10	271.55	419.22	0.47	0.48
53	490.49	467.76	529.35	566.83	159.69	272.56	420.77	-	-
54	523.59	482.09	559.04	600.12	159.92	272.95	421.38	-	-
55	556.68	496.42	588.72	633.41	160.14	273.33	421.96	-	-
56	589.78	513.33	618.41	666.70	160.37	273.72	422.56	-	-
57	628.92	535.70	658.93	705.21	160.55	274.03	423.04	-	-
58	672.59	561.93	702.41	746.87	160.61	274.13	423.19	-	-
59	714.78	589.29	751.71	786.47	160.62	274.15	423.22	-	-
60	756.97	616.65	772.10	830.19	160.62	274.15	423.22	-	-
61	799.15	644.02	791.12	874.31	160.62	274.15	423.22	-	-
62	847.04	678.58	832.76	930.57	160.68	274.25	423.38	-	-
63	924.33	735.00	881.18	983.45	164.07	280.04	432.31	-	-
64	1,020.10	808.60	928.90	1,034.40	167.51	285.91	441.38	-	-
65+*	1,090.84	869.49	976.62	1,085.36	169.34	289.03	446.20	-	-
65+**	719.95	573.86	644.57	716.34	169.34	289.03	446.20	-	-

* Medicare Secondary

** Medicare Primary

TREND FORMULA

Trend Formula For Effective Months Starting 12/1/2011

$$(2.577)^{(1.0079)^N}$$

N= difference in months between effective date and **December 2011**

Insurers Administrative Corporation / Madison National Life
Policy form MNL MMP 0205
Base Medical Rates

Trend Table	
Effective Date	Trend Factor
12/1/2011	2.577
1/1/2012	2.597
2/1/2012	2.618
3/1/2012	2.638
4/1/2012	2.659
5/1/2012	2.680
6/1/2012	2.701
7/1/2012	2.723
8/1/2012	2.744
9/1/2012	2.766
10/1/2012	2.788
11/1/2012	2.810

12-MONTH RATE GUARANTEE

12-Month Rate Guarantee	1.03
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Insurers Administrative Corporation / Madison National Life
Policy form MNL MMP 0205
Group Size Factors

GROUP SIZE FACTORS

Medical Size Factors

EE's	AR
1	1.25
2	1.25
3	1.15
4	1.05
5	1.00
6	1.00
7	1.00
8	1.00
9	1.00
10-14	1.00
15-50	1.00
51+	1.00

Maternity Size Factors

EE's	AR
1	1.25
2	1.25
3	1.25
4	1.25
5	1.00
6	1.00
7	1.00
8	1.00
9	1.00
10-14	1.00
15-50	1.00
51+	1.00

Multiple Option Load (When an employer chooses more than one medical plan to offer employees)

Group Size	Factor
<15 EEs	1.050

Insurers Administrative Corporation
Madison National Life Insurance Company - Small Group Program
Imprint Group Health Plans
AR

PLAN FACTORS

Imprint One Plan Options:

Imprint One Plan - Coinsurance: 90%/70%, OOP: \$3,000 / \$6,000			
OV Benefit	In-Network Deductible*	Out-of-Network Deductible*	Medical Only Factor
SAAOI**	\$0	\$0	0.961
SAAOI**	\$250	\$300	0.863
SAAOI	\$500	\$625	0.765
SAAOI	\$1,000	\$1,250	0.641
SAAOI	\$1,500	\$1,875	0.561
SAAOI	\$2,000	\$2,500	0.492
SAAOI	\$3,000	\$3,750	0.448
SAAOI	\$4,000	\$5,000	0.411
SAAOI	\$5,000	\$6,250	0.384
SAAOI	\$6,000	\$7,500	0.361
SAAOI	\$7,000	\$8,750	0.342
SAAOI	\$8,000	\$10,000	0.323
SAAOI	\$9,000	\$11,250	0.305
SAAOI	\$10,000	\$12,500	0.294

Imprint One Plan: OV Copay Options			
In-Network Deductible	Out-of-Network Deductible	\$40 OV Copay	\$30 OV Copay
\$0	\$0	0.965	0.979
\$250	\$300	0.991	1.006
\$500	\$625	1.009	1.026
\$1,000	\$1,250	1.019	1.037
\$1,500	\$1,875	1.025	1.044
\$2,000	\$2,500	1.035	1.055
\$3,000	\$3,750	1.042	1.063
\$4,000	\$5,000	1.048	1.070
\$5,000	\$6,250	1.052	1.075
\$6,000	\$7,500	1.056	1.080
\$7,000	\$8,750	1.059	1.083
\$8,000	\$10,000	1.063	1.087
\$9,000	\$11,250	1.066	1.090
\$10,000	\$12,500	1.068	1.092

*Max 2 Deductibles per family.

**\$0 & \$250 Deductible plans are only offered with 50% coinsurance

Imprint One Plan: Factor to Change the OOP					
In-Network OOP	Out-of-Network OOP	100%/75%	90%/70%	80%/55%	50%/50%
\$1,500	\$3,000	1.017	1.045	1.078	
\$2,000	\$4,000	1.009	1.026	1.037	1.068
\$3,000	\$6,000	1.000	1.000	1.000	1.000
\$4,000	\$8,000	0.993	0.978	0.971	0.951
\$5,000	\$10,000	0.987	0.962	0.950	0.902
\$10,000	\$20,000	0.977	0.945	0.898	0.806

Imprint One Plan: Multiplicative Drug Benefit Factors							
In-Network Deductible	Out-of-Network Deductible	Opt. 1: Generic \$10, \$5,000 Brand ded then \$50/\$100/\$150	Opt. 2: Generic \$10, Brand, Non-Formulary, Specialty: SAAOI	Opt. 3 SAAOI	Opt. 4: \$10/\$50/\$100/\$150 Copays	Opt. 5: Generic \$10, \$50+30% coins/\$100+50% coins/ \$150 Copay	Opt. 8: \$10/\$25/\$40 /\$50 Copays
\$0	\$0	1.060	1.154	1.168	1.121	1.099	1.171
\$250	\$300	1.062	1.131	1.135	1.125	1.102	1.175
\$500	\$625	1.064	1.120	1.113	1.127	1.105	1.178
\$1,000	\$1,250	1.067	1.118	1.104	1.134	1.113	1.188
\$1,500	\$1,875	1.070	1.117	1.100	1.140	1.119	1.197
\$2,000	\$2,500	1.075	1.115	1.094	1.147	1.126	1.205
\$3,000	\$3,750	1.081	1.116	1.091	1.155	1.133	1.213
\$4,000	\$5,000	1.087	1.118	1.089	1.164	1.140	1.219
\$5,000	\$6,250	1.102	1.119	1.087	1.176	1.150	1.225
\$6,000	\$7,500	1.124	1.121	1.085	1.185	1.160	1.230
\$7,000	\$8,750	1.133	1.123	1.084	1.195	1.168	1.235
\$8,000	\$10,000	1.140	1.125	1.083	1.204	1.176	1.240
\$9,000	\$11,250	1.145	1.127	1.082	1.214	1.184	1.245
\$10,000	\$12,500	1.149	1.128	1.081	1.223	1.192	1.248

Imprint One Plan: Coinsurance Factor				
In-Network Deductible	100%/75%	90%/70%	80%/55%	50%/50%
\$0				0.778
\$250				0.828
\$500	1.108	1.000	0.936	0.850
\$1,000	1.105	1.000	0.940	0.878
\$1,500	1.102	1.000	0.942	0.881
\$2,000	1.106	1.000	0.946	0.884
\$3,000	1.104	1.000	0.954	0.891
\$4,000	1.108	1.000	0.957	0.895
\$5,000	1.104	1.000	0.951	0.898
\$6,000	1.110	1.000	0.953	0.901
\$7,000	1.100	1.000	0.957	0.904
\$8,000	1.105	1.000	0.963	0.907
\$9,000	1.100	1.000	0.978	0.910
\$10,000	1.118	1.000	0.983	0.913

Imprint Two Plan Options:

Imprint Two Plan - Deductible Factors			
OV Benefit	In-Network Deductible	Out-of-Network Deductible	Medical Only
SAAOI	\$1,000	\$1,250	0.503
SAAOI	\$1,500	\$1,875	0.447
SAAOI	\$2,500	\$3,125	0.389
SAAOI	\$5,000	\$6,250	0.317

Imprint Two Plan: OV Co-Pay Options			
In-Network Deductible	Out-of-Network Deductible	\$40 OV Copay	\$30 OV Copay
\$1,000	\$1,250	1.019	1.037
\$1,500	\$1,875	1.025	1.044
\$2,500	\$3,125	1.038	1.059
\$5,000	\$6,250	1.052	1.075

Imprint Two Plan: OOP/ Coinsurance Factor			
In-Network OOP (Med Svc / Inpt)	Out-of-Network OOP (Med Svc / Inpt)	80%/55%	50%/50%
\$2K/\$4K	\$4K/\$8K	1.007	0.921
\$3K/\$5K	\$6K/\$10K	0.974	0.876
\$4K/\$6K	\$8K/\$12K	0.951	0.829
\$10K/\$10K	\$20K/\$20K	0.908	0.727

Imprint Two Plan: Multiplicative Drug Benefit Factors							
In-Network Deductible	Out-of-Network Deductible	Opt. 1: Generic \$10, \$5,000 Brand ded then \$50/\$100/\$150	Opt. 2: Generic \$10, Brand, Non-Formulary, Specialty: SAAOI	Opt. 3 SAAOI	Opt. 4: \$10/\$50/\$100/\$150 Copays	Opt. 5: Generic \$10, \$50+30% coins/\$100+50% coins/ \$150 Copay	Opt. 8: \$10/\$25/\$40 /\$50 Copays
\$1,000	\$1,250	1.062	1.109	1.095	1.130	1.107	1.203
\$1,500	\$1,875	1.065	1.107	1.091	1.138	1.115	1.213
\$2,500	\$3,125	1.071	1.109	1.087	1.149	1.124	1.227
\$5,000	\$6,250	1.095	1.111	1.082	1.175	1.147	1.243

Imprint HD Plans:

Imprint HD Plan - Coinsurance: 100%/75%, OOP \$0 Ind / \$0 Fam - \$1500 Ind / \$3000

Copay	Individual / Family	In-Network Deductible*	Out-of-Network Deductible	Medical Only
None	Individual	\$1,500	\$1,875	0.610
None	Individual	\$2,500	\$3,125	0.515
None	Individual	\$3,500	\$4,375	0.451
None	Individual	\$5,000	\$6,250	0.395
None	Individual	\$10,000	\$12,500	0.328
None	Individual	\$15,000	\$18,750	0.303
None	Individual	\$20,000	\$25,000	0.287
None	Individual	\$25,000	\$31,250	0.281
None	Family	\$3,000	\$3,750	0.492
None	Family	\$5,000	\$6,250	0.404
None	Family	\$7,000	\$8,750	0.335
None	Family	\$10,000	\$12,500	0.278
None	Family	\$15,000	\$18,750	0.251
None	Family	\$20,000	\$25,000	0.239
None	Family	\$25,000	\$31,250	0.234

*All members claims accumulate towards single deductible (stated) and family deductible (which is 2x stated, single deductible).

Imprint HD Plan - OOP \$1500 Ind / \$3000 Fam - \$3000 Ind / \$6000 Fam

Copay	Individual / Family	In-Network Deductible*	Out-of-Network Deductible	80%/55%	70%/50%	50%/50%
None	Individual	\$1,500	\$1,875	0.545	0.527	0.511
None	Individual	\$2,500	\$3,125	0.457	0.445	0.432
None	Individual	\$3,500	\$4,375	0.390	0.380	0.372
None	Individual	\$5,000	\$6,250	0.335	0.327	0.320
None	Individual	\$10,000	\$12,500	0.284	0.276	0.272
None	Individual	\$15,000	\$18,750	0.263	0.257	0.254
None	Individual	\$20,000	\$25,000	0.249	0.244	0.242
None	Individual	\$25,000	\$31,250	0.245	0.242	0.241
None	Family	\$3,000	\$3,750	0.416	0.398	0.384
None	Family	\$5,000	\$6,250	0.343	0.331	0.319
None	Family	\$7,000	\$8,750	0.283	0.273	0.266
None	Family	\$10,000	\$12,500	0.230	0.224	0.220
None	Family	\$15,000	\$18,750	0.207	0.202	0.198
None	Family	\$20,000	\$25,000	0.197	0.195	0.192
None	Family	\$25,000	\$31,250	0.193	0.191	0.190

*All members claims accumulate towards single deductible (stated) and family deductible (which is 2x stated, single deductible).

Imprint HD Plan: OV Co-Pay Options			
Individual / Family	In-Network Deductible	\$40 OV Copay	\$30 OV Copay
Individual	\$1,500	1.019	1.038
Individual	\$2,500	1.028	1.048
Individual	\$3,500	1.036	1.057
Individual	\$5,000	1.046	1.069
Individual	\$10,000	1.063	1.087
Individual	\$15,000	1.071	1.095
Individual	\$20,000	1.080	1.104
Individual	\$25,000	1.086	1.110
Family	\$3,000	1.036	1.055
Family	\$5,000	1.046	1.066
Family	\$7,000	1.054	1.075
Family	\$10,000	1.064	1.087
Family	\$15,000	1.073	1.097
Family	\$20,000	1.079	1.103
Family	\$25,000	1.085	1.109

*All members claims accumulate towards single deductible (stated) and family deductible (which is 2x stated, single deductible).

Imprint HD Plans - Factors to Change the OOP				
In-Network OOP	Out-of-Network OOP	80%/55%	70%/50%	50%/50%
\$1,500	\$3,000	1.000	1.000	1.000
\$2,500	\$5,000	0.945	0.942	0.937
\$5,000	\$10,000	0.881	0.859	0.817

Imprint HD / HSA / HRA Plans: Multiplicative Drug Benefit Factors								
Individual / Family	In-Network Deductible	Opt. 2: Generic \$10, Brand, Non-Formulary, Specialty: SAAOI	Opt. 3 SAAOI	Opt. 4: \$10/\$50/\$100/\$150 Copays	Opt. 5: Generic \$10, \$50+30% coins/\$100+50% coins/ \$150 Copay	Opt. 6: Discount Card Only	Opt. 7: Preventive Rx \$20 Copay; Non-Preventive Generic, Brand & Non-Formulary SAAOI	Opt. 8: \$10/\$25/\$40/\$50 Copays
Individual	\$1,500	1.129	1.107	1.149	1.131	1.000	1.110	1.189
Individual	\$2,500	1.127	1.100	1.161	1.141	1.000	1.106	1.200
Individual	\$3,500	1.126	1.095	1.168	1.145	1.000	1.102	1.210
Individual	\$5,000	1.124	1.090	1.181	1.155	1.000	1.099	1.225
Individual	\$10,000	1.119	1.076	1.214	1.183	1.000	1.088	1.264
Individual	\$15,000	1.120	1.067	1.224	1.189	1.000	1.082	1.277
Individual	\$20,000	1.123	1.062	1.232	1.195	1.000	1.079	1.286
Individual	\$25,000	1.126	1.054	1.240	1.200	1.000	1.073	1.296
Family	\$3,000	1.120	1.098	1.163	1.143	1.000	1.101	1.205
Family	\$5,000	1.117	1.091	1.181	1.156	1.000	1.096	1.222
Family	\$7,000	1.115	1.085	1.199	1.168	1.000	1.092	1.242
Family	\$10,000	1.114	1.081	1.222	1.185	1.000	1.090	1.267
Family	\$15,000	1.110	1.067	1.261	1.219	1.000	1.079	1.313
Family	\$20,000	1.114	1.062	1.278	1.232	1.000	1.077	1.333
Family	\$25,000	1.116	1.056	1.291	1.243	1.000	1.073	1.348

Mental Health Parity Act 50+ ees	1.010
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BASIC & STANDARD PLANS

Montana

Plan	Factor
MT Uniform Plan Factor	1.122
MT Basic Plan Factor	1.492
MT Standard Plan Factor	1.615

MANDATORY BENEFITS - ALL PLANS

Wellness Benefits - Mandatory Rate for PPACA			
Base Rates	Primary	Spouse	Per Child**
All Plans	\$4.78	\$4.78	\$3.99

** Max 3 Children

OPTIONAL BENEFITS

Monthly Employee Life and AD&D

Benefits per \$1,000

Age	Male	Female
<30	0.25	0.18
30-34	0.27	0.19
35-39	0.30	0.20
40-44	0.38	0.23
45-49	0.57	0.33
50-54	0.86	0.44
55-59	1.28	0.61
60-64	1.92	0.88
65-69	3.01	1.34
70-74	5.18	2.93
75-79	8.32	4.68
80+	13.50	7.96

Groups >25 apply 30% discount

Dependent Life Insurance per certificate \$1.35

24 Hour Coverage*

	AL, AZ, IA, NM, VA, WI	All Other States (except KS, NV)
Standard Ind	\$25	\$25
Substandard Ind	\$25	\$45

* does not apply to KS, NV
per owner that accepts the benefit

Optional Riders

Supplemental Accident Benefit

Available on all Deductibles

Base Rate Per Member Life*	\$12.67
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*A "member life" is an employee, spouse or "children" unit (regardless of # of children)

Benefit	Factor
\$500	1.000
\$1,000	1.630
\$2,000	2.670

Maternity

|See 'Base Rates' tab.

Wellness Benefit: Prior to 10/1/2010 only

Wellness Buy-up Options	Benefit Limit	Factor
Imprint One	\$1,000	1.015
Imprint Two	\$500	1.015
Imprint HD	\$500	1.020

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PLAN FACTORS

Choice Plus Plan Options:

Coinsurance: 90%/70%, Stop Loss \$10,000/\$13,333				
In-Network Deductible	Out-of-Network Deductible	In-Network OOP	Out-of-Netowrk OOP	Rx - Option 4
\$500	\$1,000	\$1,000	\$4,000	0.963
\$1,000	\$2,000	\$1,000	\$4,000	0.843
\$1,500	\$3,000	\$1,000	\$4,000	0.766
\$2,000	\$4,000	\$1,000	\$4,000	0.717
\$2,500	\$5,000	\$1,000	\$4,000	0.661
\$5,000	\$10,000	\$1,000	\$4,000	0.612

Factors to Change Stop Loss, OOP on 90/70 Plans

In-Network OOP	Out-of-Netowrk OOP	In-Network Stop Loss	Out-of-Netowrk Stop Loss	
\$1,500	\$6,000	\$15,000	\$20,000	0.996
\$2,000	\$8,000	\$20,000	\$26,667	0.981
\$2,500	\$10,000	\$25,000	\$33,333	0.974

Coinsurance: 80%/60%, Stop Loss \$ 5,000/\$12,500				
In-Network Deductible	Out-of-Network Deductible	In-Network OOP	Out-of-Netowrk OOP	Rx - Option 4
\$500	\$1,000	\$1,000	\$5,000	0.938
\$1,000	\$2,000	\$1,000	\$5,000	0.825
\$1,500	\$3,000	\$1,000	\$5,000	0.750
\$2,000	\$4,000	\$1,000	\$5,000	0.703
\$2,500	\$5,000	\$1,000	\$5,000	0.647
\$5,000	\$10,000	\$1,000	\$5,000	0.599

Factors to Change Stop Loss, OOP on 80/60 Plans

In-Network OOP	Out-of-Netowrk OOP	In-Network Stop Loss	Out-of-Netowrk Stop Loss	
\$2,000	\$10,000	\$10,000	\$25,000	0.949
\$3,000	\$15,000	\$15,000	\$37,500	0.921
\$4,000	\$20,000	\$20,000	\$50,000	0.900
\$5,000	\$25,000	\$25,000	\$62,500	0.886

Coinsurance: 70%/50%, Stop Loss \$ 5,000 / \$10,000				
In-Network Deductible	Out-of-Network Deductible	In-Network OOP	Out-of-Netowrk OOP	Rx - Option 4
\$500	\$1,000	\$1,500	\$5,000	0.895
\$1,000	\$2,000	\$1,500	\$5,000	0.790
\$1,500	\$3,000	\$1,500	\$5,000	0.719
\$2,000	\$4,000	\$1,500	\$5,000	0.675
\$2,500	\$5,000	\$1,500	\$5,000	0.623
\$5,000	\$10,000	\$1,500	\$5,000	0.576

Factors to Change Stop Loss, OOP on 70/50 Plans

In-Network OOP	Out-of-Netowrk OOP	In-Network Stop Loss	Out-of-Netowrk Stop Loss	
\$3,000	\$10,000	\$10,000	\$20,000	0.932
\$4,500	\$15,000	\$15,000	\$30,000	0.892
\$6,000	\$20,000	\$20,000	\$40,000	0.865
\$7,500	\$25,000	\$25,000	\$50,000	0.845

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Coinsurance: 60%/50%, Stop Loss \$ 5,000/\$10,000				
In-Network Deductible	Out-of-Network Deductible	In-Network OOP	Out-of-Network OOP	Rx - Option 4
\$500	\$1,000	\$2,000	\$5,000	0.872
\$1,000	\$2,000	\$2,000	\$5,000	0.771
\$1,500	\$3,000	\$2,000	\$5,000	0.703
\$2,000	\$4,000	\$2,000	\$5,000	0.660
\$2,500	\$5,000	\$2,000	\$5,000	0.609
\$5,000	\$10,000	\$2,000	\$5,000	0.563

Factors to Change Stop Loss, OOP on 60/50 Plans

In-Network OOP	Out-of-Network OOP	In-Network Stop Loss	Out-of-Network Stop Loss	
\$3,000	\$7,500	\$7,500	\$15,000	0.952
\$4,000	\$10,000	\$10,000	\$20,000	0.911
\$5,000	\$12,500	\$125,000	\$25,000	0.883
\$7,000	\$17,500	\$175,000	\$35,000	0.847
\$10,000	\$25,000	\$25,000	\$50,000	0.808

**PPO Choice Plus Office Visit / Lab Xray /
Urgent Care / Wellness Copay Factors**

In-Network Deductible	Out-of-Network Deductible	\$20 Co-Pay	\$30 Co-Pay
\$500	\$1,000	1.015	1.000
\$1,000	\$2,000	1.020	1.000
\$1,500	\$3,000	1.025	1.000
\$2,000	\$4,000	1.030	1.000
\$2,500	\$5,000	1.032	1.000
\$5,000	\$10,000	1.041	1.000

Rx Option		
Option 1	Discount Card Only	0.805
Option 2	\$15 Generic	0.851
Option 3	\$20, Brand ded- \$200 \$30 / \$45 / \$60	0.964
Option 4	\$20 / \$30 / \$45 / \$60(specialty)	1.000

Wellness Benefits - Mandatory Rate for PPACA			
Base Rates	Primary	Spouse	Child(ren)
All Plans	\$8.24	\$8.24	\$14.89

Wellness Benefit: Prior to 10/1/2010 only

Plan	Copay	Benefit Limit	Factor
Choice Plus (Integrated)	\$20	\$500	1.030
Choice Plus (Integrated)	\$30	\$500	1.030

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PLAN FACTORS

Economy Plus Plan Options:

Coinsurance: 80% / 60%						
In-Network Deductible	Out-of-Network Deductible	In network (service/supplies)	Out-of-Network (service/supplies)	In network (In/Out Patient Surgical)	Out-of-Network (In/Out Patient Surgical)	Rx - Option 4
\$1,000	\$2,000	\$2,000	\$5,000	\$4,000	\$10,000	0.624
\$1,500	\$3,000	\$2,000	\$5,000	\$4,000	\$10,000	0.561
\$2,000	\$4,000	\$2,000	\$5,000	\$4,000	\$10,000	0.521
\$2,500	\$5,000	\$2,000	\$5,000	\$4,000	\$10,000	0.492
\$5,000	\$10,000	\$2,000	\$5,000	\$4,000	\$10,000	0.432

Coinsurance: 70% / 50%						
In-Network Deductible	Out-of-Network Deductible	In network (service/supplies)	Out-of-Network (service/supplies)	In network (In/Out Patient Surgical)	Out-of-Network (In/Out Patient Surgical)	Rx - Option 4
\$1,000	\$2,000	\$2,000	\$5,000	\$4,000	\$10,000	0.580
\$1,500	\$3,000	\$2,000	\$5,000	\$4,000	\$10,000	0.520
\$2,000	\$4,000	\$2,000	\$5,000	\$4,000	\$10,000	0.484
\$2,500	\$5,000	\$2,000	\$5,000	\$4,000	\$10,000	0.456
\$5,000	\$10,000	\$2,000	\$5,000	\$4,000	\$10,000	0.401

Coinsurance: 60% / 50%						
In-Network Deductible	Out-of-Network Deductible	In network (service/supplies)	Out-of-Network (service/supplies)	In network (In/Out Patient Surgical)	Out-of-Network (In/Out Patient Surgical)	Rx - Option 4
\$1,000	\$2,000	\$2,000	\$5,000	\$4,000	\$10,000	0.568
\$1,500	\$3,000	\$2,000	\$5,000	\$4,000	\$10,000	0.509
\$2,000	\$4,000	\$2,000	\$5,000	\$4,000	\$10,000	0.474
\$2,500	\$5,000	\$2,000	\$5,000	\$4,000	\$10,000	0.448
\$5,000	\$10,000	\$2,000	\$5,000	\$4,000	\$10,000	0.394

**Economy Plus Office Visit / Lab Xray /
Urgent Care / Wellness Copay Factors**

In-Network Deductible	Out-of-Network Deductible	\$20 Co-Pay	\$30 Co-Pay
\$1,000	\$2,000	1.020	1.000
\$1,500	\$3,000	1.025	1.000
\$2,000	\$4,000	1.030	1.000
\$2,500	\$5,000	1.032	1.000
\$5,000	\$10,000	1.041	1.000

Rx Option		
Option 1	Discount Card Only	0.805
Option 2	\$15 Generic	0.851
Option 3	\$20, Brand ded- \$200 \$30 / \$45 / \$60	0.964
Option 4	\$20 / \$30 / \$45 / \$60(specialty)	1.000

Wellness Benefits - Mandatory Rate for PPACA			
Base Rates	Primary	Spouse	Child(ren)
All Plans	\$8.24	\$8.24	\$14.89

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Wellness Benefit: Prior to 10/1/2010 only

Plan	Copay	Benefit Limit	Factor
Economy Plus (Optional)	\$20	\$250	1.040
Economy Plus (Optional)	\$20	\$500	1.070
Economy Plus (Optional)	\$30	\$250	1.040
Economy Plus (Optional)	\$30	\$500	1.070

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PLAN FACTORS

One Deductible Plus Plans:

					Coinsurance: 100% / %80%, Stop Loss: \$0 / \$15,000				
Individual / Family	In-Network Deductible	Out-of-Network Deductible	In-Network Out-of-Pocket	Out-of-Network Out-of-Pocket	Option 1 Discount Card Only	Option 2 \$15 Generic	Option 3 \$20, Brand ded- \$200 \$30 / \$45 / \$60	Option 4 \$20 / \$30 / \$45 / \$60(specialty)	Option 5 Subject to Ded and Coinsurance
Individual	\$1,200	\$2,400	\$0	\$3,000	0.722	0.748	0.803	0.838	0.813
Individual	\$1,250	\$2,500	\$0	\$3,000	0.700	0.726	0.780	0.815	0.788
Individual	\$1,500	\$3,000	\$0	\$3,000	0.658	0.684	0.737	0.772	0.736
Individual	\$1,700	\$3,400	\$0	\$3,000	0.642	0.668	0.720	0.755	0.718
Individual	\$2,600	\$5,200	\$0	\$3,000	0.536	0.562	0.612	0.646	0.593
Individual	\$3,500	\$7,000	\$0	\$3,000	0.487	0.513	0.561	0.595	0.534
Individual	\$5,000	\$10,000	\$0	\$3,000	0.438	0.464	0.510	0.544	0.478
Individual	\$10,000	\$20,000	\$0	\$3,000	0.302	0.328	0.372	0.406	0.326
Family	\$2,400	\$4,800	\$0	\$6,000	0.589	0.615	0.670	0.705	0.664
Family	\$2,500	\$5,000	\$0	\$6,000	0.568	0.594	0.648	0.683	0.639
Family	\$3,000	\$6,000	\$0	\$6,000	0.529	0.555	0.608	0.643	0.593
Family	\$3,400	\$6,800	\$0	\$6,000	0.513	0.539	0.591	0.626	0.573
Family	\$5,200	\$10,400	\$0	\$6,000	0.451	0.477	0.527	0.561	0.492
Family	\$7,000	\$14,000	\$0	\$6,000	0.359	0.385	0.433	0.467	0.394
Family	\$10,000	\$20,000	\$0	\$6,000	0.319	0.345	0.391	0.425	0.348
Family	\$20,000	\$40,000	\$0	\$6,000	0.206	0.232	0.276	0.310	0.222

					Coinsurance: 70% / 50%, Stop Loss: \$5,000 / \$6,000				
Individual / Family	In-Network Deductible	Out-of-Network Deductible	In-Network Out-of-Pocket	Out-of-Network Out-of-Pocket	Option 1 Discount Card Only	Option 2 \$15 Generic	Option 3 \$20, Brand ded- \$200 \$30 / \$45 / \$60	Option 4 \$20 / \$30 / \$45 / \$60(specialty)	Option 5 Subject to Ded and Coinsurance
Individual	\$1,200	\$2,400	\$1,500	\$3,000	0.608	0.634	0.689	0.724	0.675
Individual	\$1,250	\$2,500	\$1,500	\$3,000	0.592	0.618	0.672	0.707	0.656
Individual	\$1,500	\$3,000	\$1,500	\$3,000	0.558	0.584	0.637	0.672	0.617
Individual	\$1,700	\$3,400	\$1,500	\$3,000	0.549	0.575	0.627	0.662	0.606
Individual	\$2,600	\$5,200	\$1,500	\$3,000	0.464	0.490	0.540	0.574	0.508
Individual	\$3,500	\$7,000	\$1,500	\$3,000	0.430	0.456	0.504	0.538	0.468
Individual	\$5,000	\$10,000	\$1,500	\$3,000	0.391	0.417	0.463	0.497	0.424
Individual	\$10,000	\$20,000	\$1,500	\$3,000	0.276	0.302	0.346	0.380	0.296
Family	\$2,400	\$4,800	\$1,500	\$6,000	0.474	0.500	0.555	0.590	0.527
Family	\$2,500	\$5,000	\$1,500	\$6,000	0.459	0.485	0.539	0.574	0.510
Family	\$3,000	\$6,000	\$1,500	\$6,000	0.429	0.455	0.508	0.543	0.475
Family	\$3,400	\$6,800	\$1,500	\$6,000	0.417	0.443	0.495	0.530	0.461
Family	\$5,200	\$10,400	\$1,500	\$6,000	0.363	0.389	0.439	0.473	0.398
Family	\$7,000	\$14,000	\$1,500	\$6,000	0.299	0.325	0.373	0.407	0.326
Family	\$10,000	\$20,000	\$1,500	\$6,000	0.270	0.296	0.342	0.376	0.293
Family	\$20,000	\$40,000	\$1,500	\$6,000	0.177	0.203	0.247	0.281	0.190

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		One Deductible Plus Office Visit / Lab Xray / Urgent Care / Wellness Copay Factors					
		100% / 70%			70% / 50%		
Individual / Family	In-Network Deductible	Ded / Coins	\$20	\$30	Ded / Coins	\$20	\$30
Individual	\$1,200	1.000	1.077	1.052	1.000	1.080	1.055
Individual	\$1,250	1.000	1.081	1.055	1.000	1.084	1.058
Individual	\$1,500	1.000	1.087	1.060	1.000	1.090	1.063
Individual	\$1,700	1.000	1.091	1.063	1.000	1.094	1.066
Individual	\$2,600	1.000	1.105	1.076	1.000	1.108	1.079
Individual	\$3,500	1.000	1.115	1.084	1.000	1.118	1.087
Individual	\$5,000	1.000	1.128	1.095	1.000	1.131	1.098
Individual	\$10,000	1.000	1.162	1.125	1.000	1.165	1.128
Family	\$2,400	1.000	1.077	1.052	1.000	1.080	1.055
Family	\$2,500	1.000	1.081	1.055	1.000	1.084	1.058
Family	\$3,000	1.000	1.087	1.060	1.000	1.090	1.063
Family	\$3,400	1.000	1.091	1.063	1.000	1.094	1.066
Family	\$5,200	1.000	1.105	1.076	1.000	1.108	1.079
Family	\$7,000	1.000	1.115	1.084	1.000	1.118	1.087
Family	\$10,000	1.000	1.128	1.095	1.000	1.131	1.098
Family	\$20,000	1.000	1.162	1.125	1.000	1.165	1.128

One Deductible Plus and Traditions Plus

Plan	AR and UT
One Deductible Plan	0.886
HSA Plan	0.886
HRA Plan	0.886

Wellness Benefits - Mandatory Rate for PPACA			
Base Rates	Primary	Spouse	Child(ren)
All Plans	\$8.24	\$8.24	\$14.89

Wellness Benefit: Prior to 10/1/2010 only

Plan	Copay	Benefit Limi	Factor
One Deductible Plus (Optio	\$35	\$250	1.060
One Deductible Plus (Optio	\$35	\$500	1.100

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PLAN FACTORS

Traditions Plus HDHP Plans:

			Coinsurance: 100%				
Individual / Family	Deductible	OOP	Option 1	Option 2	Option 3	Option 4	Option 5
			Discount Card Only	\$15 Generic	\$20, Brand ded-\$200 \$30 / \$45 / \$60	\$20 / \$30 / \$45 / \$60(specialty)	Subject to Ded and Coinsurance
Individual	\$1,200	\$0	0.818	0.848	0.911	0.951	0.921
Individual	\$1,250	\$0	0.794	0.823	0.886	0.926	0.892
Individual	\$1,500	\$0	0.745	0.775	0.836	0.876	0.834
Individual	\$1,700	\$0	0.728	0.758	0.818	0.857	0.813
Individual	\$2,600	\$0	0.607	0.637	0.695	0.734	0.672
Individual	\$3,500	\$0	0.552	0.582	0.637	0.676	0.605
Individual	\$5,000	\$0	0.497	0.527	0.580	0.619	0.542
Individual	\$10,000	\$0	0.343	0.373	0.423	0.462	0.369
Family	\$2,400	\$0	0.667	0.697	0.760	0.800	0.752
Family	\$2,500	\$0	0.644	0.674	0.736	0.776	0.725
Family	\$3,000	\$0	0.599	0.629	0.690	0.730	0.672
Family	\$3,400	\$0	0.581	0.611	0.670	0.710	0.650
Family	\$5,200	\$0	0.489	0.523	0.578	0.618	0.555
Family	\$7,000	\$0	0.407	0.437	0.492	0.531	0.446
Family	\$10,000	\$0	0.361	0.391	0.444	0.483	0.394
Family	\$20,000	\$0	0.233	0.263	0.314	0.353	0.252

			Coinsurance: 70%, Stop Loss: \$ 5,000				
Individual / Family	Deductible	OOP	Option 1	Option 2	Option 3	Option 4	Option 5
			Discount Card Only	\$15 Generic	\$20, Brand ded-\$200 \$30 / \$45 / \$60	\$20 / \$30 / \$45 / \$60(specialty)	Subject to Ded and Coinsurance
Individual	\$1,200	\$1,500	0.699	0.729	0.792	0.832	0.776
Individual	\$1,250	\$1,500	0.681	0.711	0.773	0.813	0.754
Individual	\$1,500	\$1,500	0.642	0.672	0.733	0.772	0.710
Individual	\$1,700	\$1,500	0.631	0.661	0.721	0.761	0.697
Individual	\$2,600	\$1,500	0.534	0.564	0.621	0.661	0.584
Individual	\$3,500	\$1,500	0.495	0.524	0.580	0.619	0.538
Individual	\$5,000	\$1,500	0.450	0.480	0.532	0.571	0.488
Individual	\$10,000	\$1,500	0.317	0.347	0.398	0.437	0.340
Family	\$2,400	\$3,000	0.545	0.575	0.638	0.678	0.606
Family	\$2,500	\$3,000	0.528	0.558	0.620	0.660	0.587
Family	\$3,000	\$3,000	0.493	0.523	0.584	0.624	0.546
Family	\$3,400	\$3,000	0.480	0.509	0.569	0.609	0.530
Family	\$5,200	\$3,000	0.417	0.447	0.505	0.544	0.458
Family	\$7,000	\$3,000	0.344	0.374	0.429	0.468	0.375
Family	\$10,000	\$3,000	0.311	0.340	0.393	0.432	0.337
Family	\$20,000	\$3,000	0.204	0.233	0.284	0.323	0.219

Insurers Administrative Corporation / Madison National Life
Policy form MNL MMP 0205
AR

		Traditions Plus Office Visit / Lab Xray / Urgent Care / Wellness Copay Factors					
		100%			70%		
Individual / Family	Deductible	Ded / Coins	\$20	\$30	Ded / Coins	\$20	\$30
Individual	\$1,200	1.000	1.077	1.052	1.000	1.080	1.055
Individual	\$1,250	1.000	1.081	1.055	1.000	1.084	1.058
Individual	\$1,500	1.000	1.087	1.060	1.000	1.090	1.063
Individual	\$1,700	1.000	1.091	1.063	1.000	1.094	1.066
Individual	\$2,600	1.000	1.105	1.076	1.000	1.108	1.079
Individual	\$3,500	1.000	1.115	1.084	1.000	1.118	1.087
Individual	\$5,000	1.000	1.128	1.095	1.000	1.131	1.098
Individual	\$10,000	1.000	1.162	1.125	1.000	1.165	1.128
Family	\$2,400	1.000	1.077	1.052	1.000	1.080	1.055
Family	\$2,500	1.000	1.081	1.055	1.000	1.084	1.058
Family	\$3,000	1.000	1.087	1.060	1.000	1.090	1.063
Family	\$3,400	1.000	1.091	1.063	1.000	1.094	1.066
Family	\$5,200	1.000	1.105	1.076	1.000	1.108	1.079
Family	\$7,000	1.000	1.115	1.084	1.000	1.118	1.087
Family	\$10,000	1.000	1.128	1.095	1.000	1.131	1.098
Family	\$20,000	1.000	1.162	1.125	1.000	1.165	1.128

One Deductible Plus and Traditions Plus HDHP State Factors

Plan	OK (Non-Qualified Plans)	OK (Qualified Plans)
One Deductible Plan	0.886	n/a
HSA Plan	n/a	0.886
HRA Plan	0.886	n/a

Wellness Benefits - Mandatory Rate for PPACA

Base Rates	Primary	Spouse	Child(ren)
All Plans	\$8.24	\$8.24	\$14.89

Wellness Benefit: Prior to 10/1/2010 only

Plan	Copay	Benefit Limit	Factor
Traditions Plus HDHP (Optional)	\$35	\$250	1.060
Traditions Plus HDHP (Optional)	\$35	\$500	1.100

Insurers Administrative Corporation / Madison National Life
Policy form MNL MMP 0205
AR

Traditions Plus Plan Options:

Coinsurance: 80%, Stop Loss \$10,000		
Deductible	OOP	Rx - Option 4
\$500	\$2,000	1.019
\$1,000	\$2,000	0.923
\$1,500	\$2,000	0.855
\$2,000	\$2,000	0.808
\$2,500	\$2,000	0.767
\$5,000	\$2,000	0.636

Factors to Change Stop Loss, OOP on 80% Plans

OOP	Stop Loss	
\$1,000	\$5,000	1.066
\$3,000	\$15,000	0.990
\$4,000	\$20,000	0.966
\$5,000	\$25,000	0.953
\$10,000	\$50,000	0.894

Coinsurance: 70%, Stop Loss \$6,667		
Deductible	OOP	Rx - Option 4
\$500	\$2,000	0.949
\$1,000	\$2,000	0.863
\$1,500	\$2,000	0.803
\$2,000	\$2,000	0.763
\$2,500	\$2,000	0.727
\$5,000	\$2,000	0.608

Factors to Change Stop Loss, OOP on 70% Plans

OOP	Stop Loss	
\$1,000	\$3,333	1.060
\$3,000	\$10,000	0.991
\$4,000	\$13,333	0.972
\$5,000	\$16,666	0.959
\$10,000	\$33,333	0.901

Coinsurance: 50%, Stop Loss \$4,000		
Deductible	OOP	Rx - Option 4
\$500	\$2,000	0.835
\$1,000	\$2,000	0.770
\$1,500	\$2,000	0.724
\$2,000	\$2,000	0.693
\$2,500	\$2,000	0.665
\$5,000	\$2,000	0.565

**Insurers Administrative Corporation / Madison National Life
Policy form MNL MMP 0205**

AR

Factors to Change Stop Loss, OOP on 50% Plans

OOP	Stop Loss	
\$1,000	\$2,000	1.058
\$3,000	\$6,000	0.993
\$4,000	\$8,000	0.975
\$5,000	\$10,000	0.962
\$10,000	\$20,000	0.908

**Traditions Plus Office Visit / Lab Xray / Urgent
Care / Wellness Copay Factors**

Deductible	No Copay	\$20 Co-Pay	\$30 Co-Pay
\$500	1.000	1.071	1.050
\$1,000	1.000	1.084	1.060
\$1,500	1.000	1.098	1.071
\$2,000	1.000	1.107	1.079
\$2,500	1.000	1.113	1.084
\$5,000	1.000	1.139	1.106

Rx Option

Option 1	Discount Card Only	0.805
Option 2	\$15 Generic	0.851
Option 3	\$20, Brand ded- \$200 \$30 / \$45 / \$60	0.964
Option 4	\$20 / \$30 / \$45 / \$60(specialty)	1.000

Wellness Benefits - Mandatory Rate for PPACA

Base Rates	Primary	Spouse	Child(ren)
All Plans	\$8.24	\$8.24	\$14.89

Insurers Administrative Corporation / Madison National Life
Policy form MNL MMP 0205
Sentinel (INA) Plan Factors
AR

PPO Solutions Plan Factors

No RX PPO Solutions Plan Factors for \$5,000/\$5000 Stop-Loss *

IN Deductible	OON Deductible	100/80	90/70	80/60	70/50	60/40
\$500	\$1,000	N/A	0.920	0.854	0.798	0.759
\$750	\$1,500	N/A	0.842	0.781	0.732	0.697
\$1,000	\$2,000	N/A	0.771	0.718	0.675	0.644
\$1,500	\$3,000	N/A	0.679	0.632	0.594	0.568
\$2,000	\$4,000	N/A	0.605	0.566	0.533	0.510
\$2,500	\$5,000	N/A	0.568	0.533	0.502	0.480
\$3,000	\$6,000	N/A	0.546	0.515	0.488	0.469
\$4,000	\$8,000	N/A	0.508	0.482	0.457	0.439
\$5,000	\$10,000	N/A	0.477	0.455	0.432	0.416
\$7,500	\$15,000	N/A	0.422	0.404	0.385	0.372
\$10,000	\$20,000	0.396	0.375	0.361	0.346	0.336

* Stop-Loss for 100/80 Plan is \$0 In-Network

PPO Solutions Plan Multiplier Against \$5,000/\$5,000 Stop-Loss *

Coinurance	\$5,000/\$10,000	\$10,000/\$10,000	\$10,000/\$20,000	\$15,000/\$15,000	\$15,000/\$30,000
100/80	N/A	0.995	N/A	0.989	N/A
90/70	0.986	0.957	0.941	0.929	0.916
80/60	0.982	0.934	0.914	0.897	0.881
70/50	0.979	0.912	0.888	0.857	0.838
60/40	0.977	0.893	0.867	0.828	0.807

* Stop-Loss for 100/80 Plan is \$0 In-Network

PPO Solutions Office Copay Multiplier

IN Deductible	No Co-Pay	\$20 Co-Pay	\$30 Co-Pay
\$500	0.960	1.015	1.000
\$750	0.955	1.018	1.000
\$1,000	0.945	1.021	1.000
\$1,500	0.940	1.024	1.000
\$2,000	0.930	1.027	1.000
\$2,500	0.925	1.030	1.000
\$3,000	0.920	1.033	1.000
\$4,000	0.915	1.036	1.000
\$5,000	0.910	1.039	1.000
\$7,500	0.905	1.046	1.000
\$10,000	0.900	1.053	1.000

PPO Solutions Plan Factors

PPO Solutions Out-of-Network Deductible Multiplier

IN Deductible	OON Deductible	Change OON Deductible to 3x IN Deductible
\$500	\$1,500	0.990
\$750	\$2,250	0.989
\$1,000	\$3,000	0.989
\$1,500	\$4,500	0.985
\$2,000	\$6,000	0.984
\$2,500	\$7,500	0.980
\$3,000	\$9,000	0.980
\$4,000	\$12,000	0.978
\$5,000	\$15,000	0.980
\$7,500	\$22,500	0.976
\$10,000	\$30,000	0.977

Rx Benefits

RX Co-Pay Options

	Discount Card will be included when no Rx benefit is selected for all insured	\$10 Generic / \$25 Formulary / \$40 Non-Formulary	\$15 then 100% Generic, \$200 Brand Ded, \$30 or 20% Formulary / \$45 or 50% Non-Formulary	\$15 then 100% Generic, \$100 Brand Ded, \$30 or 20% Formulary / \$45 or 50% Non-Formulary	\$15 Generic / \$30 or 20% Formulary / \$45 or 50% Non-Formulary Copays
Rx Benefits	0.000	0.127	0.088	0.097	0.107

Deductible	PPO Solutions RX SAAOI Plan Multiplier
\$500	1.160
\$750	1.135
\$1,000	1.112
\$1,500	1.104
\$2,000	1.098
\$2,500	1.096
\$3,000	1.093
\$4,000	1.087
\$5,000	1.080
\$7,500	1.075
\$10,000	1.070

PPO Solutions Plan Factors

Traditional Solutions Plan Factors

No RX Traditional Solutions Plan Factors for \$5,000 Stop-Loss *

Deductible	100%	80%	60%	50%
\$500	N/A	1.048	0.884	0.807
\$750	N/A	1.005	0.851	0.778
\$1,000	N/A	0.967	0.822	0.753
\$1,500	N/A	0.903	0.771	0.707
\$2,000	N/A	0.856	0.733	0.673
\$2,500	N/A	0.807	0.692	0.636
\$3,000	N/A	0.767	0.660	0.607
\$4,000	N/A	0.722	0.623	0.574
\$5,000	N/A	0.688	0.595	0.548
\$7,500	N/A	0.599	0.523	0.483
\$10,000	0.550	0.506	0.446	0.414

* Stop-Loss for 100% Plan is \$0

Traditonal Solutoins Plan Multiplier Against \$5,000 Stop-Loss

Coinsurance	\$3,000	\$10,000	\$15,000
80%	N/A	0.940	0.903
60%	1.066	0.897	0.836
50%	1.077	0.880	0.809

Traditional SolutionsOffice Factors

Deductible	No Co-Pay	\$20 Co-Pay	\$30 Co-Pay
\$500	0.955	1.020	1.000
\$750	0.950	1.024	1.000
\$1,000	0.940	1.028	1.000
\$1,500	0.935	1.032	1.000
\$2,000	0.925	1.036	1.000
\$2,500	0.920	1.040	1.000
\$3,000	0.915	1.044	1.000
\$4,000	0.910	1.048	1.000
\$5,000	0.905	1.052	1.000
\$7,500	0.900	1.060	1.000
\$10,000	0.895	1.068	1.000

PPO Solutions Plan Factors

Rx Factors

Additive Load for RX Co-Pay Options

	\$10 Generic / \$25 Formulary / \$40 Non-Formulary	\$15 then 100% Generic, \$200 Brand Ded, \$30 or 20% Formulary / \$45 or 50% Non-Formulary	\$15 then 100% Generic, \$100 Brand Ded, \$30 or 20% Formular y / \$45 or 50% Non- Formular	\$15 Generic / \$30 or 20% Formulary / \$45 or 50% Non- Formulary Copays
RX Load	0.127	0.088	0.097	0.107

Deductible	Traditional Solutions RX SAAOI Plan Multiplier
\$500	1.160
\$750	1.135
\$1,000	1.112
\$1,500	1.104
\$2,000	1.098
\$2,500	1.096
\$3,000	1.093
\$4,000	1.087
\$5,000	1.080
\$7,500	1.075
\$10,000	1.070

PPO Solutions Plan Factors

Consumer PPO Solutions Factors

No RX Consumer PPO Plan Factors for \$5,000/\$10,000 Stop-Loss *

Individual / Family	IN Deductible	OON Deductible	100/80	90/70	80/60	70/50
Individual	\$1,200	\$2,400	0.711	0.669	0.631	0.597
Individual	\$1,500	\$3,000	0.657	0.619	0.585	0.555
Individual	\$2,000	\$4,000	0.596	0.563	0.533	0.506
Individual	\$2,700	\$5,400	0.522	0.493	0.468	0.445
Individual	\$3,500	\$7,000	0.478	0.453	0.430	0.410
Individual	\$5,000	\$10,000	0.428	0.406	0.387	0.369
Individual	\$10,000	\$20,000	0.293	0.282	0.271	0.262
Family	\$2,500	\$5,000	0.574	0.544	0.516	0.491
Family	\$3,000	\$6,000	0.537	0.509	0.484	0.461
Family	\$4,000	\$8,000	0.480	0.456	0.434	0.414
Family	\$5,450	\$10,900	0.417	0.397	0.379	0.362
Family	\$7,500	\$15,000	0.345	0.329	0.315	0.302
Family	\$10,000	\$20,000	0.313	0.301	0.289	0.278

* Stop-Loss on 100/80 Plan is \$0 In-Network

INA Consumer PPO Plan Multiplier Against \$5,000/\$10,000 Stop-

Individual / Family	Coinsurance	\$10,000/\$20,000	\$5,000/\$30,000
Individual	100/80	0.984	0.975
Individual	90/70	0.952	0.918
Individual	80/60	0.925	0.883
Individual	70/50	0.899	0.842
Family	100/80	0.987	0.977
Family	90/70	0.962	0.936
Family	80/60	0.935	0.895
Family	70/50	0.911	0.857

* Stop-Loss on 100/80 Plan is \$0 In-Network

Consumer PPO Office Visit Copay Factors

		One Deductible Plus Office Visit / Lab Xray / Urgent Care / Wellness Copay Factors					
		100% / 80%			90% / 70%		
Individual / Family	In-Network Deductible	Ded / Coins	\$20	\$30	Ded / Coins	\$20	\$30
Individual	\$1,200	1.000	1.077	1.052	1.000	1.078	1.053
Individual	\$1,500	1.000	1.087	1.060	1.000	1.088	1.061
Individual	\$2,000	1.000	1.096	1.068	1.000	1.097	1.069
Individual	\$2,700	1.000	1.107	1.078	1.000	1.108	1.079
Individual	\$3,500	1.000	1.115	1.084	1.000	1.116	1.085
Individual	\$5,000	1.000	1.128	1.095	1.000	1.129	1.096
Individual	\$10,000	1.000	1.162	1.125	1.000	1.163	1.126
Family	\$2,500	1.000	1.081	1.055	1.000	1.082	1.056
Family	\$3,000	1.000	1.087	1.060	1.000	1.088	1.061
Family	\$4,000	1.000	1.095	1.067	1.000	1.096	1.068
Family	\$5,450	1.000	1.107	1.078	1.000	1.108	1.079
Family	\$7,500	1.000	1.118	1.087	1.000	1.119	1.088
Family	\$10,000	1.000	1.128	1.095	1.000	1.129	1.096

PPO Solutions Plan Factors

		One Deductible Plus Office Visit / Lab Xray / Urgent Care / Wellness Copay Factors					
		80% / 60%			70% / 50%		
Individual / Family	In-Network Deductible	Ded / Coins	\$20	\$30	Ded / Coins	\$20	\$30
Individual	\$1,200	1.000	1.079	1.054	1.000	1.080	1.055
Individual	\$1,500	1.000	1.089	1.062	1.000	1.090	1.063
Individual	\$2,000	1.000	1.098	1.070	1.000	1.100	1.070
Individual	\$2,700	1.000	1.109	1.080	1.000	1.110	1.081
Individual	\$3,500	1.000	1.117	1.086	1.000	1.118	1.087
Individual	\$5,000	1.000	1.130	1.097	1.000	1.131	1.098
Individual	\$10,000	1.000	1.164	1.127	1.000	1.165	1.128
Family	\$2,500	1.000	1.083	1.057	1.000	1.084	1.058
Family	\$3,000	1.000	1.089	1.062	1.000	1.090	1.063
Family	\$4,000	1.000	1.097	1.069	1.000	1.098	1.070
Family	\$5,450	1.000	1.109	1.080	1.000	1.110	1.081
Family	\$7,500	1.000	1.120	1.089	1.000	1.121	1.090
Family	\$10,000	1.000	1.130	1.097	1.000	1.131	1.098

Plan	AR
Non-HSA Plans	0.886
HSA Plan	0.886
HRA Plan	0.886

Rx Benefits

RX Co-Pay Options					
	Discount Card will be included when no Rx benefit is selected for all insured	\$10 Generic / \$25 Formulary / \$40 Non-Formulary	\$15 then 100% Generic, \$200 Brand Ded, \$30 or 20% Formulary / \$45 or 50% Non-Formulary	\$15 then 100% Generic, \$100 Brand Ded, \$30 or 20% Formulary / \$45 or 50% Non-Formulary	\$15 Generic / \$30 or 20% Formulary / \$45 or 50% Non-Formulary Copays
Rx Benefits	0.000	0.127	0.088	0.097	0.107

PPO Solutions Plan Factors

Individual / Family	Deductible	INA Consumer RX SAAOI Plan Multiplier
Individual	\$1,200	1.110
Individual	\$1,500	1.104
Individual	\$2,000	1.098
Individual	\$2,700	1.095
Individual	\$3,500	1.090
Individual	\$5,000	1.080
Individual	\$10,000	1.070
Family	\$2,500	1.110
Family	\$3,000	1.098
Family	\$4,000	1.095
Family	\$5,450	1.090
Family	\$7,500	1.085
Family	\$10,000	1.079

Consumer Indemnity Solutions

No RX Consumer Indemnity Plan Factors for \$5,000 Stop-Loss *

Individual / Family	Deductible	100%	80%	50%
Individual	\$1,200	0.839	0.748	0.654
Individual	\$1,500	0.765	0.684	0.603
Individual	\$2,000	0.696	0.625	0.552
Individual	\$2,700	0.618	0.556	0.493
Individual	\$3,500	0.567	0.512	0.455
Individual	\$5,000	0.509	0.460	0.410
Family	\$2,500	0.677	0.610	0.541
Family	\$3,000	0.632	0.571	0.509
Family	\$4,000	0.574	0.521	0.467
Family	\$5,450	0.509	0.463	0.417
Family	\$7,500	0.419	0.382	0.345
Family	\$10,000	0.377	0.347	0.316

* Stop-Loss on 100% Plan is \$0

PPO Solutions Plan Factors

Consumer Indemnity Plan Multiplier Against \$5,000 Stop-Loss

Individual / Family	Coinsurance	\$10,000	\$15,000
Individual	80%	0.934	0.894
Individual	50%	0.863	0.783
Family	80%	0.935	0.907
Family	50%	0.880	0.806

Consumer Indemnity Office Visit Copay Factors

		One Deductible Plus Office Visit / Lab Xray / Urgent Care / Wellness Copay Factors					
		100%			80%		
Individual / Family	In-Network Deductible	Ded / Coins	\$20	\$30	Ded / Coins	\$20	\$30
Individual	\$1,200	1.000	1.077	1.052	1.000	1.079	1.054
Individual	\$1,500	1.000	1.087	1.060	1.000	1.089	1.062
Individual	\$2,000	1.000	1.096	1.068	1.000	1.098	1.070
Individual	\$2,700	1.000	1.107	1.078	1.000	1.109	1.080
Individual	\$3,500	1.000	1.115	1.084	1.000	1.117	1.086
Individual	\$5,000	1.000	1.128	1.095	1.000	1.130	1.097
Family	\$2,500	1.000	1.081	1.055	1.000	1.083	1.057
Family	\$3,000	1.000	1.087	1.060	1.000	1.089	1.062
Family	\$4,000	1.000	1.095	1.067	1.000	1.097	1.069
Family	\$5,450	1.000	1.107	1.078	1.000	1.109	1.080
Family	\$7,500	1.000	1.118	1.087	1.000	1.120	1.089
Family	\$10,000	1.000	1.128	1.095	1.000	1.130	1.097

50%		
Ded / Coins	\$20	\$30
1.000	1.082	1.057
1.000	1.092	1.065
1.000	1.101	1.073
1.000	1.112	1.083
1.000	1.120	1.089
1.000	1.133	1.100
1.000	1.086	1.060
1.000	1.092	1.065
1.000	1.100	1.072
1.000	1.112	1.083
1.000	1.123	1.092
1.000	1.133	1.100

PPO Solutions Plan Factors

Plan	AR
Non-HSA Plans	0.921
HSA Plan	0.832
HRA Plan	0.832

Rx Benefits

RX Co-Pay Options

	Discount Card will be included when no Rx benefit is selected for all insured	\$10 Generic / \$25 Formulary / \$40 Non-Formulary	\$15 then 100% Generic, \$200 Brand Ded, \$30 or 20% Formulary / \$45 or 50% Non-Formulary	\$15 then 100% Generic, \$100 Brand Ded, \$30 or 20% Formulary / \$45 or 50% Non-Formulary	\$15 Generic / \$30 or 20% Formulary / \$45 or 50% Non-Formulary Copays
Rx Benefits	0.000	0.127	0.088	0.097	0.107

Individual / Family	Deductible	INA HSA RX SAAOI Plan Multiplier
Individual	\$1,200	1.110
Individual	\$1,500	1.104
Individual	\$2,000	1.098
Individual	\$2,700	1.095
Individual	\$3,500	1.090
Individual	\$5,000	1.080
Family	\$2,500	1.110
Family	\$3,000	1.098
Family	\$4,000	1.095
Family	\$5,450	1.090
Family	\$7,500	1.085
Family	\$10,000	1.079

Economy Solutions Plan

No Rx Economy Solutions Plan - Coinsurance: OOP \$2,000 Med Serv/Supplies \$4,000 In Patient

In-Network	Out-of-Network Deductible	80%/60%	70%/50%
\$1,000	\$2,000	0.502	0.466
\$1,500	\$3,000	0.446	0.413
\$2,000	\$4,000	0.414	0.384
\$5,000	\$10,000	0.332	0.308

PPO Solutions Plan Factors

Economy Solutions Office Visit Copay Factors

In-Network Deductible	Out-of-Network Deductible	\$25 Copay	\$35 Copay	\$50 Copay
\$1,000	\$2,000	1.023	1.00	0.967
\$1,500	\$3,000	1.024	1.00	0.964
\$2,000	\$4,000	1.026	1.00	0.963
\$5,000	\$10,000	1.029	1.00	0.958

Rx Benefits

RX Co-Pay Options

	Discount Card will be included when no Rx benefit is selected for all insured	\$10 Generic / \$25 Formulary / \$40 Non-Formulary	\$15 then 100% Generic, \$200 Brand Ded, \$30 or 20% Formulary / \$45 or 50% Non-Formulary	\$15 then 100% Generic, \$100 Brand Ded, \$30 or 20% Formulary / \$45 or 50% Non-Formulary	\$15 Generic / \$30 or 20% Formulary / \$45 or 50% Non-Formulary Copays
Rx Benefits	0.00	0.127	0.088	0.097	0.107

Deductible	INA Economy Solutions RX SAAOI Plan Multiplier
\$500	1.160
\$750	1.135
\$1,000	1.112
\$1,500	1.104
\$2,000	1.098
\$2,500	1.096
\$3,000	1.093
\$4,000	1.087
\$5,000	1.080
\$7,500	1.075
\$10,000	1.070

PPO Solutions Plan Factors

24 Hour Coverage

Standard Ind	\$25
Substandard Ind	\$45

* does not apply to KS

Optional Riders

Mental Health Parity Act 50+ ees, all states except KS	1.01
Utah- 50/50 Mental Health Rider	1.030
Utah-SAAOI Mental Health Rider	1.075

Supplemental Accident Benefit

Available on all Deductibles

Base Rate Per Member Life	\$12.67
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Benefit	Factor
\$500	1.000
\$1,000	1.630
\$1,500	2.150
\$2,000	2.670

Maternity

Maternity Available to groups of 2-4 Employees in the following States with 20% Load: WI, NC, TX, & OH.

Wellness Benefits - Mandatory Rate for PPACA			
Base Rates	Primary	Spouse	Child(ren)
All Plans	\$8.24	\$8.24	\$14.89

PPO Solutions Plan Factors

Wellness Benefit: Prior to 10/1/2010 only

Plan	Copay	Benefit Limi	Factor
PPO Solutions (Integrated)	\$20	\$500	1.030
PPO Solutions (Integrated)	\$30	\$500	1.030
Traditional Solutions (Integrated)	No Copay	\$500	1.030
Traditional Solutions (Integrated)	\$20	\$500	1.030
Traditional Solutions (Integrated)	\$30	\$500	1.030
Consumer PPO (Optional)	No Copay	\$250	1.060
Consumer PPO (Optional)	No Copay	\$500	1.100
Consumer PPO (Optional)	\$20	\$250	1.060
Consumer PPO (Optional)	\$20	\$500	1.100
Consumer PPO (Optional)	\$30	\$250	1.060
Consumer PPO (Optional)	\$30	\$500	1.100
Consumer Indemnity (Optional)	No Copay	\$250	1.060
Consumer Indemnity (Optional)	No Copay	\$500	1.100
Consumer Indemnity (Optional)	\$20	\$250	1.060
Consumer Indemnity (Optional)	\$20	\$500	1.100
Consumer Indemnity (Optional)	\$30	\$250	1.060
Consumer Indemnity (Optional)	\$30	\$500	1.100
Economy Solutions (Optional)	\$35	\$250	1.040
Economy Solutions (Optional)	\$35	\$350	1.050
Economy Solutions (Optional)	\$35	\$500	1.070

FEES

Provider Access Fees

PPO Plans	
All other States, per subscriber rate	\$11.00

Indemnity Plans	
All Other States, per subscriber rate	\$5.00

Insurers Administrative Corporation / Madison National Life
Policy form MNL MMP 0205
Non-Standard Industry Loads

AR

Original for states:	+/-15%
Agriculture, Forestry, Fishing / Farms & Ranches	1.08
Amusement Parks	1.15
Arms & Ammunition	1.20
Asbestos	1.30
Attorneys	1.30
Auto Repossession	1.15
Automotive Repair, Services and Parking	1.00
Bail Bondsmen	1.15
Banking, Investments	1.00
Barber & Beauty Shops & Spas	1.08
Barges	1.15
Bars	1.15
Building & Cleaning Maintenance	1.00
Business Services	1.00
Car Washes	1.15
Clubs - Membership Sport and Recreation	1.00
Communications	1.00
Construction	1.00
Counseling Centers such as MSW	1.08
Dance Halls	1.15
Day Care Facilities	1.08
Dentistry, Dental Offices - Except Oral Surgeons	1.08
Doctor Offices/Clinics to inc. General Practitioners, Chiropractors, Oral Surgeons, Ophthalmologists and Psychiatrists	1.15
Drug Stores	1.00
Educational Services / Schools	1.08
Electric, Gas, and Sanitary Services	1.00
Engineering, Accounting, Research, Management	1.00
Entertainers	1.30
Exterminators	1.15
Eye Care (Optometrists)	1.00
Florists	1.08
Gambling-Related Business	1.15
Gas Stations	1.08
Health Services	1.15
Holding Companies	1.00
Hotels and Other Lodging	1.08
Insurance	1.00
Legal Services	1.30
Liquor Stores	1.08
Manufacturing	1.00
Massage Parlors	1.15
Membership Organizations	1.00
Mining	1.30
Miscellaneous Repair Services	1.00
Miscellaneous Services	1.00
Motion Pictures	1.00
Motor Vehicle Dealerships (Auto, Boat, RV)	1.08
Motor Vehicle Dealerships (Cycle, ATV)	1.20
Municipalities & Government Agencies	1.20
Museums, Art Galleries and Gardens	1.00
Nursing Homes	1.30
Oil & Gas Extraction	1.15
Parking Lots	1.08
Pawn Shops	1.08
Personal Services	1.00
Pharmacies	1.00
Pilots - Crop Dusting and Aerobatic / Stunt	1.30
Pipelines, except Natural gas	1.08
Pool Halls	1.15
Private Households	1.00
Public Administration	1.00
Real Estate (Agents, Development, Mgmt)	1.08

Insurers Administrative Corporation / Madison National Life**Policy form MNL MMP 0205****Non-Standard Industry Loads**

Religious Groups	1.15
Restaurants	1.08
Retail Trade	1.00
Sawmills & Logging Operations	1.15
Social Services	1.00
Social Svcs/Non-Profit, i.e. Goodwill, St Vincent DePaul, Community Chest	1.08
Transportation - Rail, Transit, Freight	1.00
Transportation by Air	1.15
Transportation Services	1.15
Trucking - Long Haul	1.15
United States Postal Service	1.00
Waste Management	1.15
Water Transportation	1.15
Wholesale Trade	1.00
Wrecking & Demolition	1.30

Insurers Administrative Corporation / Madison National Life
Policy form MNL MMP 0205
State Factors

Program	MNL SG	
State	Actively Marketed?	Factor
AR	Y	0.731

Insurers Administrative Corporation / Madison National Life**Policy form MNL MMP 0205****Area Factors**

State	State Actively Marketed?	3-digit Zip	Area	Factor
AR	Y	716	2	0.8
AR	Y	717	2	0.8
AR	Y	718	4	0.9
AR	Y	719	2	0.8
AR	Y	720	4	0.9
AR	Y	721	2	0.8
AR	Y	722	4	0.9
AR	Y	723	4	0.9
AR	Y	724	2	0.8
AR	Y	725	2	0.8
AR	Y	726	2	0.8
AR	Y	727	2	0.8
AR	Y	728	2	0.8
AR	Y	729	2	0.8

Insurers Administrative Corporation / Standard Security Life
Policy form SSL MMP 0205
PPO Factors

State	City	Zip Code	Arkansas Managed Care Network	First Health Network	GWH/CIG NA	Novasys Health	Private HealthCar e Systems
AR	Pine Bluff	716	0.98	0.88	0.88	0.82	0.96
AR	Pine Bluff	717	0.98	0.88	0.88	0.82	0.96
AR	Pine Bluff	718	0.98	0.88	0.88	0.82	0.96
AR	Little Rock	719	0.96	0.88	0.88	0.82	0.96
AR	Little Rock	720	0.96	0.86	0.8	0.84	0.9
AR	Little Rock	721	0.96	0.86	0.8	0.84	0.9
AR	Little Rock	722	0.96	0.9	0.8	0.84	0.9
AR	Little Rock	723	0.96	0.9	0.89	0.84	0.97
AR	Little Rock	724	0.96	0.9	0.89	0.84	0.97
AR	Little Rock	725	0.96	0.9	0.89	0.84	0.97
AR	Fayetteville	726	0.96	0.9	0.89	0.84	0.97
AR	Fayetteville	727	0.96	0.9	0.89	0.84	0.97
AR	Fort Smith	728	1	0.9	0.89	0.84	0.97
AR	Fort Smith	729	1	0.9	0.89	0.84	0.97

State:	Arkansas	Filing Company:	Madison National Life Insurance Company, Inc.
TOI/Sub-TOI:	H16G Group Health - Major Medical/H16G.003A Small Group Only - PPO		
Product Name:	MNL MMP 0205 12/1/12 rate filing		
Project Name/Number:	MNL MMP 0205 12/1/12 rate filing/MNL MMP 0205 12/1/12 rate filing		

Supporting Document Schedules

		Item Status:	Status Date:
Bypassed - Item:	Flesch Certification	Approved-Closed	10/15/2012
Bypass Reason:	NA		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Consumer Disclosure Form	Approved-Closed	10/15/2012
Bypass Reason:	NA		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	MNL Authorization Letter 2012	Approved-Closed	10/15/2012
Comments:			
Attachment(s):			
ICC Authorization letter Madison Nat 2012.pdf			



Madison National Life

January 1, 2012

Mr. Brian Camling
President
Insurance Compliance Consultants, Inc.
3925 East State Street, Suite 200
Rockford, IL 61108

Dear Mr. Camling:

Please accept this letter as written confirmation that Insurance Compliance Consultants, Inc., has authority to file the attached form(s) or a state specific variation of it, and to act on behalf of Madison National Life Insurance Company, Inc. regarding such filings, in all jurisdictions where this form(s) or a state specific variation of it is being filed. Madison National may withdraw this authorization at any time, by giving notice to Insurance Compliance Consultants.

Sincerely,

A handwritten signature in cursive script, appearing to read "Larry R. Graber".

Larry Graber